

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CADY HOME WEST 2 (0008811)

Address: 1815 NORTH 6TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095893 **End Date:** 10/24/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093505 **End Date:** 09/20/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009340 Served 10/27/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	10/24/2005	Yes
83.43(1)	FIRE PROTECTION SYSTEM	10/24/2005	Yes

Survey ID: 0093096 **End Date:** 07/20/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009313 Served 08/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)3	ADMINISTRATIVE EXPERIENCE OR BUSINESS	10/24/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	10/24/2005	Yes

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Provider Inspection Summary

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Community Based Residential Facility
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Survey ID: 0092282 End Date: 02/12/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009249 Served 04/08/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	07/20/2004	Yes

Survey ID: 0091569 End Date: 10/08/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005262 Served 11/19/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	02/11/2004	Yes
83.51(3)(a)	SMOKE SEPARATION	02/11/2004	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 10/25/2004 **SOD #10009340** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.45(1)

Date: 08/10/2004 **SOD #10009313** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.12(2)(b)3
FORFEITURE---83.32(2)(a)

Date: 04/06/2004 **SOD #10009249** **Appealed: No**

Sanctions

FORFEITURE---83.14(2)

Date: 11/18/2003 **SOD #10005262** **Appealed: No**

Sanctions

OTHER SANCTION
FORFEITURE---SOD #10005262 83.33(2)(a)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 07/02/2004

Date Investigation Completed: 09/20/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009340

Date Complaint Received: 05/21/2004

Date Investigation Completed: 07/20/2004

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2003

Date Investigation Completed: 02/12/2004

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

10009249

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